



FORM A

APPLICATION FOR ACCREDITATION AS AN ELECTORAL OBSERVER GROUP



Vote blo iu, Voice blo iu

PLEASE COMPLETE AND RETURN THIS FORM, TOGETHER WITH THE LIST OF YOUR OBSERVERS, TO THE OFFICE OF THE ELECTORAL COMMISSION BY 4:30pm ON FRIDAY 27 OF MARCH 2026.

Name of organization:

Name of chairperson, secretary or head of organization:

Contact address of organization:

Contact details of organization:

Phone

Mobile Phone

Email or fax

Type of organization

International NGO

Government/parliamentary delegation

Intergovernmental body

Community organization

Other (*Please describe*)

Religious organization

Civil society organization

Academic organization

Proposed date of deployment of electoral observers:

Name of proposed liaison officer for the organization:

Liaison officer's contact details in Honiara:

Address

Phone

Mobile phone

Email or fax

I hereby declare that all the information supplied in this form is correct. I further declare that this organization is not affiliated in any way with any candidate for political office.

Signature of Head of Organization

Date:

For office use only

Accreditation number:

Received by: Date:

CEO's signature: Date approved:

Solomon Islands Electoral Commission

Po Box 1500, National Stadium Building, NHA Food Court Building, King George VI Drive, Honiara,
Solomon Islands
(677) 7222200, Fax: (677) 21198



FORM B

APPLICATION FOR REGISTRATION OF

ELECTORAL OBSERVERS



Vote blo iu, Voice blo iu

Please list below the names, places of residence and dates of birth of the people whom you wish to nominate as electoral observers with your organisation.

Name of organisation:

Name and Signature of Head or Liaison Officer of the Organisation:

Date: / /

Solomon Islands Electoral Commission

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